

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
08/943777

FILING DATE
10/03/97
APPLICANT(S)

	CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1											51	
2											52	
3											53	
4											54	
5											55	
6											56	
7											57	
8											58	
9											59	
10		2									60	
11											61	
12		1									62	
13		2									63	
14											64	
15		1									65	
16		1									66	
17		1									67	
18		1									68	
19											69	
20											70	
21											71	
22											72	
23		1									73	
24		1									74	
25		1									75	
26		1									76	
27		1									77	
28		1									78	
29		1									79	
30		1									80	
31		1									81	
32		1									82	
33		1									83	
34		1									84	
35		1									85	
36		1									86	
37											87	
38											88	
39											89	
40											90	
41											91	
42											92	
43											93	
44											94	
45											95	
46											96	
47											97	
48											98	
49											99	
50											100	
TOTAL IND.	1											
TOTAL DEP.	37											
TOTAL CLAIMS	38											